2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006918

Entity Name: CHOICEPOINT PUBLIC RECORDS INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	RMAN DRIVE TA, GA 30005	i					
Current Mailing Address:				New Mailing Address:			
1000 ALDERMAN DRIVE ALPHARETTA, GA 30005			2 NEWTON PLACE SUITE 350 NEWTON, MA 02458				
FEI Number: 58-2582498 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State					o , og,o.o., ou o		agoni, or 2011,
SIGNATURE: Electronic Signature of Registered Agent Date							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	MCGUFFY, DON 1000 ALDERMAN ALPHARETTA, G CEO () I LEE, DAVID T 1000 ALDERMAN ALPHARETTA, G	N DR A 30005 Delete N DRIVE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	PECK, JAMES M 6601 PARK OF C BOCA RATON, FI VP (X) C INIGUEZ, RUBI L 2 NEWTON PLAC NEWTON, MA 02	COMMERCE BLVD. L 30487 Change () Addition CE-SUITE 350	
Name: Address: City-St-Zip:		N DR		Name: Address: City-St-Zip:		CE-SUITE 350 2458 Change () Addition	
Name: Address: City-St-Zip:	TRINE, DAVID 1000 ALDERMAN ALPHARETTA, G			Name: Address: City-St-Zip:	THOMPSON, II, K 9443 SPRINGBO MIAMISBURG, OI	RO PIKE	
Title: Name: Address: City-St-Zip:	S (X) I DAVIS, DAVID W 1000 ALDERMAN ALPHARETTA, G	I DR		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	EVP (X) I SURBAUGH, STE 1000 ALDERMAN ALPHARETTA, G	N DR		Title: Name: Address: City-St-Zip:	()0	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBI L. INIGUEZ VP 04/23/2009